



**CEMETERY AND FUNERAL PROGRAM**  
P. O. Box 989003  
WEST SACRAMENTO, CA 95798-9003  
(916) 327-3219



## APPLICATION FOR LEAVE OF ABSENCE

Date \_\_\_\_\_

I, \_\_\_\_\_, holding Certificate Registration No. \_\_\_\_\_,  
as a Registered Apprentice Embalmer, employed by \_\_\_\_\_, and serving  
Funeral Establishment's exact licensed name  
under the supervision and instruction of \_\_\_\_\_, whose embalmer's  
Supervising Embalmer's name  
license number is \_\_\_\_\_, request a **LEAVE OF ABSENCE** from my duties as an apprentice as  
provided in Section 7667, Article IV of the Funeral Directors and Embalmers Law.

**LEAVE TO BEGIN** \_\_\_\_\_ **AND TO EXTEND TO** \_\_\_\_\_.  
Not beyond

My reason for a leave of absence is \_\_\_\_\_  
Explain fully

I understand that if such Leave or Extension thereof is granted, I am not entitled to credit for apprenticeship during the period of Leave of Absence or any Extension thereof; also, that any extension of this leave of absence must be approved by the Program, **the aggregate not to exceed twelve (12) months**.

I understand that my Certificate of Registration, with a properly completed Termination Certification, together with a properly completed Report of Apprenticeship must accompany this application.

I understand that upon the termination of my leave of absence, or any extension thereof, I am to report to the Program the fact that I have resumed my duties as an apprentice and shall submit to the Program a certification subscribed by the Funeral Director in whose establishment I have resumed my duties and by the Embalmer under whom I am apprenticed, confirming the fact. I am aware that my failure to so report within 10 days after the expiration date of my leave of absence shall be cause for the cancellation of my Certificate.

My address while on leave will be:

Signed \_\_\_\_\_  
Apprentice

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

<i>For Office Use Only</i>	
App. Received: _____	
Lv. of Abs. Apvd.: _____	By _____
Exp. Date: _____	



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## LEAVE OF ABSENCE

THIS IS TO CERTIFY That \_\_\_\_\_, holder of Certificate of  
Registration No. \_\_\_\_\_, has been granted a Leave of Absence from the duties of his/her  
apprenticeship TO BEGIN \_\_\_\_\_ AND NOT TO EXTEND BEYOND \_\_\_\_\_,  
as provided by Section 7667, Article IV, of the Funeral Directors and Embalmers Law.

Cemetery and Funeral Program

Dated: \_\_\_\_\_

Sacramento, California

\_\_\_\_\_  
Program Chief

[SEAL]

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## PROVISIONS

Upon resumption of Apprenticeship, the Certification accompanying this page must be executed and returned to the Cemetery and Funeral Program, together with the Certificate of Registration. If Apprenticeship is not resumed on or before the expiration of this Leave of Absence, the fact must be reported to the Cemetery and Funeral Program within ten (10) days of such termination or the Certificate of Registration will be subject to cancellation.

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**IMPORTANT – SEE ACCOMPANYING PAGE**

21A-10 (Rev. 6/99)